



COMMUNITY MIDWIFERY PROGRAM  
CLINICAL PRACTICE GUIDELINE

# CMP: Maternal observations and postnatal care

**Scope (Staff):** WNHS Community Midwifery Program staff

**Scope (Area):** Home birth sites

This document should be read in conjunction with this [Disclaimer](#)

## General

- A complete assessment of the whole clinical picture of the woman's wellbeing, including how the woman feels physically and emotionally.
- Observe how the mother and baby are bonding and document. Discuss sleep patterns, nutrition, discomfort, stress levels, mood changes and effectiveness of support systems available.
- **If observations are outside the normal range or if the woman's condition gives rise to concern, immediate consultation and/or referral to the woman's General Practitioner (GP) or obstetrician at her support hospital must occur.**

## Frequency of observations

- Observations should be performed as often as indicated by the woman's clinical condition and documented on the Observation and Response Chart.
- The first postnatal visit and assessment of the mother and baby following a home birth or early discharge should take place within 24 hours post birth and be dependent on client's clinical needs and time of birth.
- Daily postnatal assessments of the mother shall be performed for the first 72 hours postpartum.
- The remainder of the visits shall be individualised to each mother's needs.



## Daily maternal observations

- Perform blood pressure, heart rate and temperature daily for 72 hours, or if clinically indicated.
- Assess the vaginal loss for colour, amount, clots passed or offensive odour.
- Check uterine involution – note the tone and height in finger breadths below the umbilicus and position. When assessing involution of the uterus other factors such as fundal tenderness, pyrexia and increased or offensive lochia need to be considered.
- Discuss perineal comfort and check the perineal area/wound site (if had a Caesarean) for signs of inflammation, infection or breakdown.
- Assess degree of mobilisation and educate regarding the risks and signs and symptoms of deep vein thrombosis (DVT).
- Discuss bladder and bowel function.
- Educate regarding the benefits of pelvic floor exercises and the importance of the pelvic floor function.
- At each post-natal visit, review the woman's emotional wellbeing, support networks and her on going ability to cope and deal with day to day matters.
- Consider Edinburgh Postnatal Depression Score (EPDS) (refer to CMP's EPDS referral pathway)
- Discuss and offer Rh(D) immunoglobulin to all non- sensitised Rh D women within 72 hours following the birth of a Rh(D) positive baby.

## Breastfeeding

- Assess the woman's confidence with positioning and attachment
- Inspect the nipples for skin integrity and signs of tissue trauma if the woman complains of tenderness or pain (refer to WNHS [Obstetrics and Gynaecology guidelines](#): 'Newborn Feeding and Maternal Lactation': for chapter on Breastfeeding Challenges: 'Nipple Trauma')
- Discuss breast comfort and check for any lumps, red or painful areas (refer to WNHS Newborn Feeding and Maternal Lactation guideline: for chapter on Breastfeeding Challenges: 'Engorged and Lumpy Breasts')
- Discuss general care of lactating breasts including the management of engorgement, expressing and the signs and symptoms of mastitis
- Advise the woman of the need for consultation with a midwife, lactation consultant or a GP if concerned regarding any of the above. Ensure that all contact details and numbers are readily available and accessible.
- Document findings / outcomes / plan

## Discharge assessment

- Assess whether breastfeeding is established, and breasts and nipples are comfortable
- Determine if the attachment and positioning of baby is effective and if there is general confidence with breastfeeding
- If infant formula feeding, provide education regarding preparation of feeds and hygiene of equipment
- Maternal observations are stable and within normal limits, including:
  - Perineum comfortable and healing well
  - Lochia minimal and alba
  - Uterus involution and check for diastasis
  - Normal bladder and bowel function
  - Appears well adjusted to lifestyle with no symptoms of depression
  - Mother crafting and parenting skills
  - No physical pain or discomfort
- Ensure that any referrals have been made (e.g. GP, Child Health Nurse, Hearing Screening) and all issues of concern have been addressed
- Discuss contraception and resuming sexual intercourse
- Ensure that all postnatal education has been offered as per CMP guidelines including:
  - Postpartum cervical screening test (if required)
  - Recommend measles, mumps and rubella (MMR) immunisation if the woman is non-immune to rubella
  - Discuss future support of GP, Physiotherapist, Child Health Nurse, Breast Feeding Association and other support groups
  - Recommend a 6 week postnatal GP check (maternal and neonatal)
- Complete all relevant documentation in maternal, baby notes and Child Health Folder
- Ensure the woman has a copy of all her notes and her Birth Registration / Centrelink forms

## References

### Bibliography

Australian College of Midwives. National Guidelines for Consultation and Referral (4th ed.). 2021.

Department of Health WA. [Public Home Birth Policy](#).

NICE guidelines. [NG194 Postnatal Care](#). 2021.

## Related legislation and policies

Department of Health Western Australia: [Public Home Birth Policy](#)

## Related WNHS policies, procedures and guidelines

WNHS Clinical Guidelines:

- [Community Midwifery Program](#): Non-Compliance of Client with CMP Midwifery Standard of Practice
- [Obstetrics and Gynaecology](#):
  - Acute Deterioration (Adult): Resuscitation and Life Support
  - Bladder Management
  - Postnatal Care: Observations

WNHS Policy: [Recognising and Responding to Acute Clinical Deterioration \(Physiological and Mental Health\)](#) (available to WA Health staff through HealthPoint)

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## Version history

Date	Summary
Prior to June 2016	Archived- contact OGD Guideline Coordinator for previous versions. Note- versions prior to 2015, maintained by CMP.
June 2016	<ul style="list-style-type: none"> <li>• The first postnatal visit and assessment of the mother and baby following a home birth or early discharge should take place within 24 hours of birth.</li> <li>• When assessing involution of the uterus other factors such as fundal tenderness, pyrexia and increased or offensive lochia need to be considered.</li> <li>• Inspect the nipples for skin integrity.</li> </ul>
April 2020	Evidence on this topic was reviewed and overall guidance remains unchanged. Minor changes and formatting have been made.
Oct 2023	<ul style="list-style-type: none"> <li>• Documentation on Observation and Response Chart</li> <li>• Breastfeeding- Document findings / outcomes / plan</li> </ul>

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